



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

FEB 25 1982

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Mr. Eric Radke, Safety Coordinator  
Henkel Technical Center  
2010 E. Hennepin Avenue  
Minneapolis, Minnesota 55413

RE: Interim Status Acknowledgement      USEPA ID No. MND051441731  
FACILITY NAME: Henkel Technical Center

Dear Mr. Radke:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

WMS  
4/24



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

MND051441731

## II. Name of Installation (Include company and specific site name)

ZYT RON Ltd. Laboratory

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2010 E Hennepin Ave

Street (continued)

Suite 204 Bldg 2

City or Town

Minneapolis

State

ZIP Code

MN 55413-

County Code

County Name

Hennepin

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

85 N Cretin Ave.

City or Town

St Paul

State

ZIP Code

MN 55104-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

Sweeney

(first)

Mark

Job Title

Physicist

Phone Number (area code and number)

612-646-8915

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box



85 N Cretin Ave

City or Town

St Paul

State

ZIP Code

MN 55104-

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ZYT RON Mark Sweeney

Street, P.O. Box, or Route Number

85 N Cretin Ave

City or Town

St Paul

State

ZIP Code

MN 55104-

Phone Number (area code and number)

612-646-8915

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

P

P

Yes

No

X

FFB 24 1992



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer  
(or On-site Burner) Who First Claims  
the Oil Meets the Specification
- ☐

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

(List specific EPA hazardous waste number(s) for the Toxicity  
Characteristic contaminant(s))

D018

D005

D011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
MN 02
7

2
0001
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

## XI. Comments

Landlord is BBD Holdings Inc.  
Mark Sweeney is Major 2010 E. Hennepin Av.  
Stockholder of ZYTRON Inc. Minneapolis MN 55413 (612) 378-1144

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



**EPA**

91.10067

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

JUN 03 1991

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

MND 051441731

## II. Name of Installation (Include company and specific site name)

VITASYN Inc.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2010 EAST Hennepin Ave.

Street (continued)

City or Town

Minneapolis

State

ZIP Code

MN 55413-

County Code County Name

053 Hennepin

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Same as above

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

McSherry

(first)

Patrick

Job Title

Co-owner

Phone Number (area code and number)

612-379-1941

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing



B. Street or P.O. Box

Same as above

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

### A. Name of Installation's Legal Owner

BBD Holdings Inc.

Street, P.O. Box, or Route Number

2010 EAST Hennepin Ave

City or Town

State

ZIP Code

Minneapolis

MN 55413-

Phone Number (area code and number)

612-378-1144

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span></p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>
7	8	9	10	11	12
<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

INVALID	2	3	4	5	6
<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>
MNO2	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1em;"></span>

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Patrick J. McSherry</i>	Name and Official Title (type or print) Co-owner	Date Signed 5-28-91
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## XI. Comments

*This waste is a collection of unrelated lab chemicals in the 8-10 gallon range per year range*

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

207-1378 4-10-81

157 C - A File



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MND051441731

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

HENKEL TECHNICAL CENTER  
2010 E HENNEPIN AVENUE  
MINNEAPOLIS

MN

55413

2010 E HENNEPIN AVENUE  
MINNEAPOLIS

MN

55413







I.D. - FOR OFFICIAL USE ONLY

W	M	N	D	D	5	1	4	4	7	3	1	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

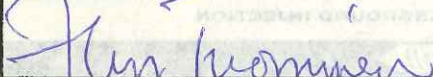
☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)
**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

F. W. Tuominen  
Vice-President of Research & Development

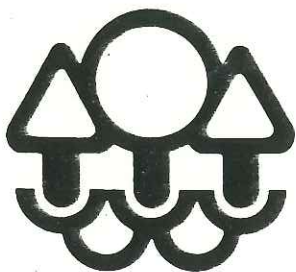
DATE SIGNED

7-16-80

EPA Form 8700-12 (6-80) REVERSE

JUL 18 1980





## Minnesota Pollution Control Agency

November 4, 1987

RECEIVED

NOV 06 1987

SOLID WASTE DIVISION  
U.S. EPA, REGION V

Mr. Ray Jones, Vice President  
Henkel Technical Center  
2010 East Hennepin Avenue  
Minneapolis, Minnesota 55413

Dear Mr. Jones:

RE: Change of Status Approval  
Henkel Technical Center, Minneapolis, Minnesota  
MND051441731

This is to advise you that your request for a change in status to that of a nongenerator of hazardous waste as evaluated under Minnesota rules has been approved. This letter constitutes the final administrative action on your Part A hazardous waste facility permit application. You are reminded that future amendments to Minnesota rules may affect your status as a nongenerator of hazardous waste.

Should you in the future wish to operate a hazardous waste storage facility, you must contact the Minnesota Pollution Control Agency to obtain the necessary permit. The permit must be obtained prior to your operating as a facility.

If you have any questions, at any time, please contact Thomas B. Townsend of my staff at 612/296-8581.

Sincerely,

*Richard A. Svanda*  
Richard A. Svanda  
Director  
Hazardous Waste Division

RAS/TBT/mas

cc: Mr. Charles Slaustas, U.S. Environmental Protection Agency, Chicago  
Ms. Diane Bartelt, U.S. Environmental Protection Agency, Chicago

*Spoke to C. Slaustas  
he agreed.  
Changes will be  
made to HWDMS  
w.v.  
1/27/88*

Phone: \_\_\_\_\_

520 Lafayette Road, St. Paul, Minnesota 55155  
Regional Offices • Duluth/Brainerd/Detroit Lakes/Marshall/Rochester  
Equal Opportunity Employer



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F M N D 051441731	
II. POLLUTANT CHARACTERISTICS		III. FACILITY NAME		GENERAL INSTRUCTIONS	
IV. FACILITY CONTACT		V. FACILITY MAILING ADDRESS		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO FORM ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO FORM ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY		IV. FACILITY CONTACT		V. FACILITY MAILING ADDRESS	
1 SKIP Henkel Technical Center		A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 Radke Eric Safety Coordinator		612 378 8823			
A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE D. ZIP CODE	
3 2010 East Hennepin Avenue		4 Minneapolis		MN 55413	
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	
5 2010 East Hennepin Avenue		C. CITY OR TOWN		D. STATE E. ZIP CODE F. COUNTY CODE (if known)	
6 Minneapolis		MN 55413			



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	2	8	2	1	(specify)	Plastics Materials and Resins					C	7	2	8	4	3	(specify)	Surface Active Agents				
15	16	17	18	19						15	16	17	18	19									
C. THIRD										D. FOURTH													
C	7	2	0	4	6	(specify)	Wet Corn Milling					C	7	2	8	6	9	(specify)	Ind. Organic Chemicals, HEC				
15	16	17	18	19						15	16	17	18	19									

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																		
C	8	H	e	n	k	e	l	C	o	r	p	o	r	a	t	i	o	n	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32											

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify) P									
										A 6 1 2 3 7 8 8 8 2 3									
										15 16 17 18 19 20 21 22 23 24									

E. STREET OR P.O. BOX										F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
2010 East Hennepin Avenue										Minneapolis										M, N		55413		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Research and Development on food ingredients and specialty chemicals for the cosmetics, minerals, food, product assembling, pharmaceutical and energy industries.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
F. W. Tuominen, V.P., Dir. - R & D																				11/14/80									

## COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16	17	18	19	20	21	22	23	24



FORM  
3  
RCRA



ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S  
F M N D 0 5 1 4 4 1 7 3 1  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 - 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
29	01	01

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A	C	I
1	2		13	14	15

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	5,500	G		7				
	S 0 2	6,000	G		8				
3	T 0 4	165	U		9				
4					10				



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line 3 - Solvent Recovery Through Distillation. Capacity Variable.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W M N D 051441731													W DUP															
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26													1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26															
DESCRIPTION OF HAZARDOUS WASTES (continued)																												
LINE NO.	A. EPA HAZARD. WASTENO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
	23	24	25	26	27	28	29	30		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	D	0	0	1	90				T	S	0	1	S	0	2	T	0	4										
2	D	0	0	2	28				T	S	0	1																
3	P	0	0	5	100				P	S	0	1																
4	P	0	1	1	10				P	S	0	1																
5	P	0	1	2	10				P	S	0	1																
6	P	0	2	2	100				P	S	0	1																
7	P	0	3	0	25				P	S	0	1																
8	P	0	5	3	1000				P	S	0	1																
9																												
10	P	0	6	7	25				P	S	0	1																
11	P	1	0	0	1600				P	S	0	1																
12	P	1	0	5	10				P	S	0	1																
13	U	0	0	1	100				P	S	0	1																
14	U	0	0	2	4500				P	S	0	1																
15	U	0	0	6	250				P	S	0	1																
16	U	0	1	2	4000				P	S	0	1																
17	U	0	1	9	4000				P	S	0	1																
18	U	0	3	1	1000				P	S	0	1																
19	U	0	3	7	2000				P	S	0	1	T	0	4													
20	U	0	4	4	1000				P	S	0	1	T	0	4													
21	U	0	4	8	500				P	S	0	1																
22	U	0	5	2	500				P	S	0	1																
23	U	0	5	4	100				P	S	0	1																
24	U	0	5	5	100				P	S	0	1																
25	U	0	5	6	500				P	S	0	1																
26	U	0	0	9	1500				P	S	0	1																



**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

1271-1130

EPA I.D. NO. (enter from page 1)

S	F	M	N	D	0	5	1	4	4	1	7	1	3	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	4	5	9	0	2	7
65	66	67	68	69	70	71

0	9	3	1	3	0	2	6
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

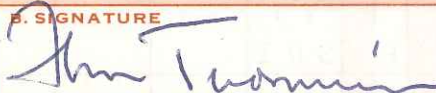
**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

F. W. Tuominen,  
V.P., Dir. - R & D

B. SIGNATURE



C. DATE SIGNED

11/14/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



EPA Form 3510-3 (6-80)



E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

<b>EPA I.D. NO.</b> ( <i>enter from page 1</i> )															
S												T/A	C		
F													6		
1	2											13	14	15	

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
65	66	67	68	69	-	71				72	-	74	75	76	77	-	79		

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>															<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
															<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.			6. ZIP CODE				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>															<div style="border: 1px solid black; height: 20px; width: 100%;"></div>										<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>															<div style="border: 1px solid black; height: 20px; width: 100%;"></div>										<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------



44

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
<div> <div>W</div> <div>M</div> <div>N</div> <div>D</div> <div>0</div> <div>5</div> <div>1</div> <div>4</div> <div>4</div> <div>1</div> <div>7</div> <div>3</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>2</div> <div>DUP</div> </div>														
DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	U 1 6 2	1600	P	S	0	1																					
2	U 1 6 9	500	P	S	0	1																					
3	U 1 7 1	100	P	S	0	1																					
4	U 1 8 8	100	P	S	0	1																					
5	U 1 9 0	100	P	S	0	1																					
6	U 1 9 4	500	P	S	0	1																					
7	U 1 9 6	2000	P	S	0	1																					
8	U 2 0 9	1000	P	S	0	1																					
9	U 2 1 1	2000	P	S	0	1																					
10	U 2 1 9	50	P	S	0	1																					
11	U 2 2 0	25000	P	S	0	1	T	0	4																		
12	U 2 2 1	100	P	S	0	1																					
13	U 2 2 3	100	P	S	0	1																					
14	U 2 2 8	1000	P	S	0	1																					
15	U 2 3 9	25000	P	S	0	1	T	0	4																		
16																											
17																											
18																											
19																											
20																											
21																											
22																											
23																											
24																											
25																											
26																											



E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

<b>EPA I.D. NO.</b> (enter from page 1)															
S												T/A	C		
F														6	
1	2											13	14	15	

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## LATITUDE (degrees, minutes, &amp; seconds)

65	66	67	68	69	70	71	

LONGITUDE (degrees, minutes, &amp; seconds)

[illegible]

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																
C																															
E																															
15	16														55	56	57	58	59	60	61	62	63	64	65						
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.		6. ZIP CODE				
C															C																
F															G																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36										

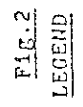
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------





Energy	Agency		Name
	Number	Area	
	1-A, B, C	2	Main Lab.
	1-D	1	Main Lab.
	2-A & 2-B	2	Pilot Plant
	3	3	Biochemicals
	5 & 6	3	Warehouse
	8-A	1	Offices & Library
	8-B & C	2	Offices
	9	1	Machine Shop
	10-A	3	Offices & Lab
	10-B	3	Unit Process
	11	1	Pilot Plant
	12	1	Pilot Plant
	13	1	Pilot Plant
	16	1	Tank Farm
	19	1	Guard House
	20	1	Chemical Storage
	21	3	Warehouse
	22	3	Pilot Plant
	23	1	Air Conditioners
	24	3	Boiler Room
	62	3	Garage
	63	3	Loading Dock





T04

44



S01 /

44



S02 —

44



T04 —

44



44

Please enter

EPA I.D. NUMBER (enter from page 1)

**FOR OFFICIAL USE ONLY**

[illegible]

S		T/A	C
W	DUP		2 DUP

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
	23	24	25	26			1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
1	U	1	6	2	1600	P	S	0	1																
2	U	1	6	9	500	P	S	0	1																
3	U	1	7	1	100	P	S	0	1																
4	U	1	8	8	100	P	S	0	1																
5	U	1	9	0	100	P	S	0	1																
6	U	1	9	4	500	P	S	0	1																
7	U	1	9	6	2000	P	S	0	1																
8	U	2	0	9	1000	P	S	0	1																
9	U	2	1	1	2000	P	S	0	1																
10	U	2	1	9	50	P	S	0	1																
11	U	2	2	0	25000	P	S	0	1	T	0	4													
12	U	2	2	1	100	P	S	0	1																
13	U	2	2	3	100	P	S	0	1																
14	U	2	2	8	1000	P	S	0	1																
15	U	2	3	9	25000	P	S	0	1	T	0	4													
16	U	1	2	3	500	P	S	0	1																
17	U	1	3	4	100	P	S	0	1																
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									



## ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler  
2 Small Quantity Generator  
4 Exempt  
5 Beneficial Use  
9 Closed

Please print/type with elite type (12 characters per inch)

## II. GENERATOR'S EPA I.D. NUMBER

T/A C

F M ND 0 5 1 4 4 1 7 3 1 1 1  
1 2 13 14 15

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently  
☐ Other \_\_\_\_\_

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF INSTALLATION

H e n k e l T e c h n i c a l C e n t e r  
30 69

## IV. INSTALLATION MAILING ADDRESS

3 2 0 1 0 E H e n n e p i n A v e n u e  
15 16 45

Street or P.O. Box

4 M i n n e a p o l i s M N 5 5 4 1 3  
15 16 41 42 47 51

City or Town

State Zip Code

## V. LOCATION OF INSTALLATION (if different than section IV above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51

City or Town

State Zip Code

## VI. INSTALLATION CONTACT

2 R a d k e E r i c  
15 16 45

Name (last and first)

6 1 2 3 7 8 8 8 2 3  
46 55

Phone No. (area code &amp; no.)

## VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Eric Radke, Safety Coordinator

Print/Type Name

Title

Signature of Authorized Representative

Date Signed



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

## VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M N D Q 5 1 4 4 1 7 3 1 1  
1 2 13 14 15

## X. FACILITY'S EPA I.D. NO.

F T N D Q 0 0 6 4 5 7 7 0  
16 28

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Triangle Resource Industries

## XI. FACILITY ADDRESS

Old Greenbrier Pike  
Greenbrier Tennessee 37073

## XII. TRANSPORTATION SERVICES USED

Triangle Resource Industries  
MDD980554653

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Ignitable solvent - small quant. of unrelated materials from chemical research	0 8	D 0 0 1	4 8 2 6 5	P
32	2	Waste methanol	0 8	U 1 5 4	2 0 0 0	P
	3	Waste ethyl acetate	0 8	U 1 1 2	4 0 0	P
	4	Waste chloroform	1 2	U 0 4 4	2 0 0 0	P
	5	Chlorinated solvents - small quant. of unrelated materials from chemical research	1 3	F 0 0 2	2 0 0 0	P
	6					
	7	Toxic waste - small quant. of unrelated reagents from chemical research	1 8	N o n e	1 5 5 0 0	P
	8					
	9	Corrosive waste - small quant. of unrelated materials from chemical research	0 2	D 0 0 2	1 2 0 0 0	P
	10					
	11	Ignitable toxic solvents - small quant. of unrelated materials from chemical research	0 8	D 0 0 1	3 2 0 0	P
	12		1 8			

## XIV. COMMENTS (enter information by section number—see instructions)



## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

## VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M N D 0 5 1 4 4 1 7 3 1 1  
1 2 13 14 15

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Stauffer Chemical

## X. FACILITY'S EPA I.D. NO.

F I N D 0 0 1 8 5 9 0 3 2  
16 28

## XI. FACILITY ADDRESS

2000 Michitan St  
Hammond Indiana 46320

## XII. TRANSPORTATION SERVICES USED

Oil Service  
TND089558019

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Ignitable solvent - small quant. of unrelated materials from chemical research	0 8 33 34	D 0 0 1 35 38 39 42 43 46 47 50 51	2 5 8 7 5	P 59 60
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)

## ENVIRONMENTAL PROTECTION AGENCY

## FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of  
regulated quantities of hazardous waste at any  
time during 1983. . . . . ☐

Please print/type with elite type (12 characters per inch)

## II. FACILITY EPA I.D. NUMBER

F M N D O 5 1 4 4 7 3 1 1  
1 2 13 14 15 T/A C

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently  
☐ Other (explain  
in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF FACILITY

H E N K E L T E C H N I C A L C E N T E R  
30 69

## IV. FACILITY MAILING ADDRESS

3 2 0 1 0 E H E N N E P I N A V E N U E  
15 16 45

Street or P.O. Box

4 M I N N E A P O L I S M N 5 5 4 1 3  
15 16 41 42 47 51

City or Town

State Zip Code

## V. LOCATION OF FACILITY (if different than section IV above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51

City or Town

State Zip Code

## VI. FACILITY CONTACT

2 R A D K E E R I C  
15 16 45

Name (last and first)

## VII. COST ESTIMATES FOR FACILITIES

6 1 2 3 7 8 8 8 2 3  
46 55

Phone No. (area code &amp; no.)

\$ 6 7 8 0 5 \$  
16 19 22 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring  
and Maintenance (disposal facilities only)

## VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Eric Radke Safety Coordinator

Print/Type Name

Title

Signature of Authorized Representative

Date Signed



## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## IX. FACILITY'S EPA I.D. NO.

T/A C

F M N D 0 5 1 4 4 1 7 3 1 1  
1 2 13 14 15

## X. GENERATOR'S EPA I.D. NO.

G M N D 0 5 1 4 4 1 7 3 1  
16 28

## XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Henkel Technical Center

ON-SITE ☒

## XII. GENERATOR ADDRESS

2010 E. Hennepin Avenue  
Minneapolis, MN 55413

## XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 6 6 0 0 0 P AMOUNT OF WASTE UOM S02 1 4 4 0 0 P AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM  
S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

## XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Ignitable solvents-small quantities of unrelated materials from chemical research	D 0 0 1 33 36 37 40	S 0 1	1 1 4 2 6 3	P
	2	2 Ignitable solvents-small quantities of unrelated material from chemical research	D 0 0 1 41 44 45 48 49 51 52	T 0 4	3 7 5 0 0	P
	3					
	4	4 Ignitable solvents-small quantities of unrelated materials from chemical research	D 0 0 1	S 0 2	3 7 5 0 0	P
	5					
	6	6 Waste Methanol	U 1 5 4	S 0 1	2 0 0 0	P
	7	7 Waste Ethyl Acetate	U 1 1 2	S 0 1	4 0 0	P
	8	8 Toxic waste-small quantities of surplus chemical research reagents	N O N E	S 0 1	1 5 5 0 0	P
	9					
	10	10 Corrosive waste-small quantities of unrelated materials from chemical research	D 0 0 2	S 0 1	1 2 0 0 0	P
	11					
	12					

## XV. COMMENTS (enter information by section number—see instructions)

Section XIV Line 2: Pot Still Distillation

Section XIV Line 3: Tank storage of Section XIV Line 2 after treatment

## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## IX. FACILITY'S EPA I.D. NO.

T/A C

F M N D 0 5 1 4 4 1 7 3 1 1  
1 2 13 14 15

## X. GENERATOR'S EPA I.D. NO.

G M N D 0 5 1 4 4 1 7 3 1  
16 28

## XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Henkel Technical Center

ON-SITE ☒

## XII. GENERATOR ADDRESS

2010 E. Hennepin Ave.  
Minneapolis, MN 55413

## XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM  
S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

## XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Chlorinated solvents-small quantities of unrelated materials from chemical research	F 0 0 2 33 36 37 40 41 44 45 48 49 51 52 60 61	S 0 1	2 0 0 0	P
	3	Waste Chloroform	U 0 4 4	S 0 1	2 0 0 0	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XV. COMMENTS (enter information by section number—see instructions)